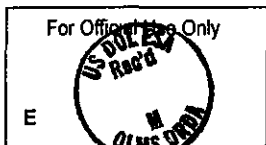


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9425</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>PAUL</u> <u>J</u> <u>KANE</u> P O Box Bldg Room No if any _____ Street <u>4415 W HARRISON</u> City <u>HILLSIDE</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>	4 Name file number and address of labor organization Name <u>IBEW LOCAL #9</u> Labor Organization File Number <u>015919</u> P O Box Building and Room Number if any _____ Street <u>4415 W HARRISON</u> City <u>HILLSIDE</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>
5 Position in labor organization <u>ASSISTANT BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

8/12/05  
Date

708-449-9000  
Telephone Number

Name of Person Filing

PAUL J KANE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Kelly Murrell

Trade Name if any Qualified Plans Cont Inc

P O Box Bldg Room No if any

Street 3013 S Wolf Rd

City West Chester

State FL ZIP Code + 4 60154

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Line Clearance Benefit Fund

Trade Name if any TIC International

P O Box Bldg Room No if any

Street 6525 Centurion Dr

City Lansing

State MI ZIP Code + 4 48917

11 a Nature of such dealing

HEALTH & WELFARE  
CONSULTANT

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

CHRISTMAS Lunch  
12/13/04

12 b Amount

Approx 560.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

Name of Person Filing

PAUL J KANE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name GOLD BERG, W PISANICH &amp; CAIRO, LTD

Trade Name if any

P O Box Bldg Room No if any 34th Floor

Street ONE EAST WACKER DR. 34th Floor

City CHICAGO

State ILL ZIP Code + 4 60601

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IRLW Local 7

Trade Name if any

P O Box Bldg Room No if any 830

Street 4415 W. MARSHALL ST

City Hillside

State IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER that REPRESENTS  
MEMBERS of LABOR ORGANIZATION  
on WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

LUNcheon  
DEC 2004

12 b Amount

Est 495.00

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

B Name and address of Business (including trade name if any)

Name GOLD BERG, WELSMAN & LAIRD, LTD

Trade Name if any

P O Box Bldg Room No if any 34th FloorStreet ONE EAST WACKER DR. 34th FloorCity CHICAGOState ILL ZIP Code + 4 60601

9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name FBI Local 7

Trade Name if any

P O Box Bldg Room No if any 830Street 11415 W. LAWRENCE STCity HillsideState IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER that REPRESENTS  
MEMBERS of LABOR ORGANIZATION  
ON WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

Sponsored DINNER at  
ILL ELECTRICAL CONFERENCE  
SPRING SESSION 2004

12 b Amount

Est 60.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing

PAUL J KANE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name GOLD BEGG, W PISMUNY KAIRO, LTD

Trade Name if any

P O Box Bldg Room No if any 34th FloorStreet ONE FAIR WALKER DR, 34th FloorCity CHICAGOState ILL ZIP Code + 4 60601

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name FEU Local 7

Trade Name if any

P O Box Bldg Room No if any 630Street 4415 W. MARION STCity HillsideState IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER THAT REPRESENTS  
MEMBERS OF LABOR ORGANIZATION  
ON WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

SPONSORED DINNER AT  
ILL ELECTRICAL CONFERENCE  
FALL SESSION 2004

12 b Amount

Est. 60.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

*Paul J. Kane*

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name *Robert E. Fitzgerald*

Trade Name if any

P O Box Bldg Room No if any

Street *714 W Burlington*City *LAGRANGE*State *IL* ZIP Code + 4 *60525*

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name *Robert E. Fitzgerald*

Trade Name if any

P O Box Bldg Room No if any

Street *714 W. Burlington*City *LAGRANGE*State *IL* ZIP Code + 4 *60525*

## 11 a Nature of such dealing

*UNION ATTORNEY*

## 11 b Approximate dollar value of such dealing.

*\$25,000.00*

## 12 a Nature of interest held or income received

*Christmas Gift 12/04*

## 12 b Amount

*67.00*

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name ROBERT FITZGERALD

Trade Name if any

P O Box Bldg Room No if any

Street 714 W BURLINGTON

City HAGRAVE

State ILL ZIP Code + 4 60525

## 9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name ROBERT FITZGERALD

Trade Name if any

P O Box Bldg Room No if any

Street 714 W BURLINGTON

City HAGRAVE

State ILL ZIP Code + 4 60525

## 11 a Nature of such dealing

UNION ATTORNEY

## 11 b Approximate dollar value of such dealing

35,000

## 12 a Nature of interest held or income received

LUNCHEON DUES

## 12 b Amount

29.64

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing

PAUL J. KANE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name TED Disabato

Trade Name if any Clark &amp; Assoc

P O Box Bldg Room No if any

Street 333 W Wacker

City Chicago

State IL

ZIP Code + 4 60606

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Line Clearance Benefit &amp; Pension Funds

Trade Name if any

P O Box Bldg Room No if any

Street 6525 Centurion Dr

City Lansing

State MI

ZIP Code + 4 48917

11 a Nature of such dealing

Investment Consultant

11 b Approximate dollar value of such dealing

34,500

12 a Nature of interest held or income received

Dinner following Line Clearance  
Membership Meeting

12 b Amount

\$35.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment



Name of Person Filing

PAUL J KANE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Middle States Elec Cont ASSTrade Name if any P O Box Bldg Room No if any Street 245 Fencil LnCity HillsideState IL ZIP Code + 4 60162

9 Business deals with

☐ a Labor Organization☐ b Trust☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Middle States Elec Cont ASSTrade Name if any P O Box Bldg Room No if any Street 245 Fencil LnCity HillsideState IL ZIP Code + 4 60162

11 a Nature of such dealing

Middle States CONTRACTORS ASS.

11 b. Approximate dollar value of such dealing.

UNKNOWN

12 a Nature of interest held or income received

CHRISTMAS DINNER

12 b Amount.

APPROX 500<sup>00</sup>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State  ZIP Code + 4 

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment